

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

| Title of Invention | Surface Cleaning Device | | | | | | | | | | | | | | | | | | | | |
|--|-------------------------|-----------------|-------------|-------------|-------------|--------------------|-------------------|-----|------|--|---|------------------------|---|------|----|---|--------------------------------------|--|--|--|--|
| Application Number : Date : First Named Applicant: Ms. Lisa A. Smith Attorney Docket Number: 1108.03001 | | | | | | | | | | | | | | | | | | | | | |
| TOTAL FEE AUTHORIZED \$ 385 Patent fees are subject to annual revisions on or about October 1st of each year. | | | | | | | | | | | | | | | | | | | | | |
| Filing as small entity BASIC FILING FEE | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table> | | Fee Description | Fee Code | Amount \$ | Fee Paid \$ | Utility Filing Fee | 2001 | 385 | 385 | Subtotal For Basic Filing Fees: \$ 385 | | | | | | | | | | | |
| Fee Description | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | | |
| Utility Filing Fee | 2001 | 385 | 385 | | | | | | | | | | | | | | | | | | |
| Subtotal For Basic Filing Fees: \$ 385 | | | | | | | | | | | | | | | | | | | | | |
| EXTRA CLAIM FEES | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 16</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 2</td><td>0</td><td>2201</td><td>43</td><td>0</td></tr><tr><td colspan="5">Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table> | | Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | Total Claims : 16 | 0 | 2202 | 9 | 0 | Independent Claims : 2 | 0 | 2201 | 43 | 0 | Subtotal For Extra Claims Fees: \$ 0 | | | | |
| Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | |
| Total Claims : 16 | 0 | 2202 | 9 | 0 | | | | | | | | | | | | | | | | | |
| Independent Claims : 2 | 0 | 2201 | 43 | 0 | | | | | | | | | | | | | | | | | |
| Subtotal For Extra Claims Fees: \$ 0 | | | | | | | | | | | | | | | | | | | | | |
| AUTHORIZED BILLING INFORMATION The commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit account number: 502545 Access Code **** Deposit name: Jackson Esquire Deposit authorized name: Roger A. Jackson Signature: /Roger A. Jackson/ Date (YYYYMMDD): 2004-04-26 Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17. | | | | | | | | | | | | | | | | | | | | | |